



# OTSEGO COUNTY CODE ENFORCEMENT

Mailing Address: 197 Main Street, Cooperstown, New York 13326  
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[https://www.otsegocounty.com/departments/code\\_enforcement/index.php](https://www.otsegocounty.com/departments/code_enforcement/index.php)

## SWIMMING POOL / HOT TUB PERMIT APPLICATION

**\*\*All application fees are non-refundable\*\***

1. 911 Address: \_\_\_\_\_ Property Tax #: \_\_\_\_\_

2. Town/Village for Proposed work: \_\_\_\_\_

3. Owner(s) Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Pool/Hot tub Supplier/Installer: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Electrician: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Pool/Hot tub description:  
Above-ground Pool Size: \_\_\_\_\_ Depth: \_\_\_\_\_  
Check applicable: Deck attached \_\_\_\_\_ Fenced enclosure \_\_\_\_\_ Lockable/Removable ladder \_\_\_\_\_  
In-ground Pool Size: \_\_\_\_\_ Depth: \_\_\_\_\_  
Fenced enclosure required: Height \_\_\_\_\_ Style \_\_\_\_\_  
Soft-sided Pool Size: \_\_\_\_\_ Depth: \_\_\_\_\_  
Fenced enclosure required: Height \_\_\_\_\_ Style \_\_\_\_\_  
Hot tub Size: \_\_\_\_\_ Depth: \_\_\_\_\_  
Check applicable: Deck attached \_\_\_\_\_ Fenced enclosure \_\_\_\_\_ ASTM F 1346 Cover \_\_\_\_\_

### **NYS SWIMMING POOL definition (permits required)**

**Any structure, basin, chamber or tank which is intended for swimming, diving, recreational bathing or wading and which contains, is designed to contain, or is capable of containing water more than 24 inches deep at any point. This includes in-ground, above-ground and on-ground pools; indoor pools; hot tubs; spas; and, fixed-in-place wading pools.**

**All electrical work requires an electrical inspection by an independent electrical inspector. This office will not be able to inspect your installation until an electrical approval is received.**

If applicable:

7. Zoning or Land use Requirements have been met: \_\_\_\_\_
8. Dept of Environmental Conservation (DEC) requirements have been met: \_\_\_\_\_
9. NYS Health Department requirements have been met: \_\_\_\_\_
10. Flood Plain and/or Subdivision requirements have been met: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_